

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA to change Point of Communication from AMC9 to AMC3 (Extension)

**1. Applicant**

<b>Name:</b>	Exxon Communications Company	<b>Phone Number:</b>	713-656-1827
<b>DBA Name:</b>		<b>Fax Number:</b>	713-656-1513
<b>Street:</b>	4276, Room 1619 Fannin Bldg.	<b>E-Mail:</b>	
<b>City:</b>	Houston	<b>State:</b>	TX
<b>Country:</b>	USA	<b>Zipcode:</b>	77210 -4276
<b>Attention:</b>	Barbara Tyer		

**2. Contact**

<b>Name:</b>	Wayne V. Black	<b>Phone Number:</b>	202-434-4130
<b>Company:</b>	Keller and Heckman LLP	<b>Fax Number:</b>	202-434-4646
<b>Street:</b>	Suite 500 West 1001 G Street, NW	<b>E-Mail:</b>	black@khlaw.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20001 -
<b>Contact Title:</b>	Telecommunications Counsel	<b>Relationship:</b>	Legal Counsel

3. Reference File Number SESMOD2004092101402

4a. Is a fee submitted with this application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).  
 Governmental Entity     Noncommercial educational licensee  
 Other (please explain):

4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station

5. Type Request

- Use Prior to Grant                       Change Station Location                       Other

6. Requested Use Prior Date  
12/21/2004

7. City Offshore, GM

8. Latitude  
(dd mm ss.s h) 26 56 20.8 N

9. State TX	10. Longitude (dd mm ss.s h) 94 41 20.0 W
11. Please supply any need attachments. Attachment 1: STA Request                      Attachment 2:                      Attachment 3:	
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Applicant seeks STA to change its Point of Communication from AMC9 to AMC3; no technical changes are in the instant application. The Letters of Concurrence from the Adjacent Satellite providers is taking longer than expected.</div>	
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application"; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Barbara W. Tyer	15. Title of Person Signing Radio License Administrator
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	

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